



КУЛЬТУРА И КУЛЬТУРНЫЕ СВЯЗИ

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AUGUST STRINDBERG THROUGH THE EYES OF KARL LEONHARD: A DIALOGUE OF CULTURES BETWEEN GERMANY AND SWEDEN

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The present article is an attempt to bring together anthropology, literary science and psychiatry with the aim to consider how life and work of August Strindberg (1849–1912) is perceived in the last opus of the well-known German psychiatrist Karl Leonhard (1904–1988), the author of the book *Accentuated Personalities*, which is very well-known for the Russian reader. His views and evaluations form a bright period in the history of the reception of the works of the Swedish writer in Germany and can be seen as a result of the dialogue between the Swedish and German cultures, inscribed in the history of medical thought of the epoch and pathological literary criticism. Leonhard argued that Strindberg was wrongly treated as a schizophrenic but suffered in fact from cycloid psychosis. The methodical approach, which Leonhard employed to prove his point, is partly based on the tradition of literary anthropology and is close to the traditions of the Russian humanistic psychiatry. Although Leonhard's work was

a subject to criticism, he shows interesting insights with current relevance. Invoking Strindberg's haunting works *Days of Loneliness*, *Hell* or *Occult Diary*, the authors of the present article reproduce the symptom complex of the psychotic, emphasize the importance of Leonhard's complex and elaborate work, and draw attention to Strindberg's narrative style from the point of view of mental disorders and psychology. In conclusion, the authors of the article announce the publication of the full text of Leonhard's essay in Russian translation, with literary and medical commentaries.

Keywords: August Strindberg, Karl Leonhard, pathological literary criticism, endogenous psychosis, psychosis of confusion, Russian and German schools of psychiatry, nosological vs. syndromological approach, philosophical anthropology, literary anthropology, Swedish literature in Germany.

August Strindberg lived an eventful but controversial life. He constantly changed his beliefs, he was unhappy in marriage: he married three times and divorced three times. His works, surprisingly rich, diverse in form and content, and highly artistic, mark the contradictions that marked his life as a whole.

Yet creative achievements are not the preserve of artists only. An impressive example is the legacy of Karl Leonhard (1904–1988), one of the leading German psychiatrists whose fame has as much to do with medicine as with psychology and philosophical anthropology. A study of his work and biography will reveal that he has had an equally uneven fortune. His principal works have been translated into English and half a dozen other languages. Yet all the vicissitudes of post-war Germany also marked his life: he gained recognition in East Germany — and presumably the same circumstances made translations of his principal works popular in Russia — while colleagues in the West paid tribute, but exercised restraint. Nonetheless, the international society of Wernicke, Kleist and Leonhard successfully operates in the center in Würzburg (Germany) and Leonhard's works, as before, are widely represented in the catalogs of the largest international medical publishers.

The Russian reader knows Leonhard mainly due to his work *Accented Personality* (*Akzentuierte Persönlichkeiten* in German) that was brilliantly translated into Russian by V.M. Leshchinskaya, the second part of which precisely and perceptively describes the types of personalities he singled out from fiction as he believed that the great writers of modernity were subtle psychologists. Importantly, among over thirty writers whose works Leonhard analyzed, he mainly referred to Tolstoy and Dostoevsky — a fact that makes this work a kind of monument to the dialogue between German and Russian cultures. It should be noted

that Leonhard discovered fiction when he was a medical student and he never parted with literature as he regarded it a source of aesthetic pleasure and a sound foundation of his studies [Leonhard, 1995, S. 23].

Although the heroes of August Strindberg's works were first studied in *Accentuated Personality*, Leonhard gives a painstaking analysis of the personality of the great Swedish writer only in his last book *Bedeutende Persönlichkeiten in ihren psychischen Krankheiten* [Leonhard, 1988] that was published posthumously. It can hardly be attributed to the genre of psychiatric literary criticism or popular pathography that, as a rule, tries to prove that disease is a source of creativity. Rather, it should be attributed to the genre of a posthumous psycho-psychiatric examination based on the biographical data, testimonies of the contemporaries, letters, diaries, and other archival materials. Leonhard, as we shall see, treats Strindberg's works with great caution: for Leonhard, his biography is more important than his literary works that are, as he sees, only fictitious reflections of the inner life of the author that requires a separate demonstration. This marks the difference between Leonhard's method and Karl Jaspers' approach [Jaspers, 1922], who was mostly interested in biographies, and the approach of Karl Birnbaum [Birnbaum, 1933], who was a German-American psychiatrist who postulated the possibility and necessity of explaining the facts of creativity through the psychiatric examination of biography. Leonhard, due to his research, diagnostic and forensic experience, seems to have chosen a third way and he therefore focuses first on the writer's biography and then his works. These he considers a mere reflection of the writer's mental state, which must be seen in the image of the author or narrator, in the style, descriptions, and, only in the last instance, in the characters and in intriguing plots. At the same time, Leonhard is far from accepting that emotional distress is a source of creativity, so is he far from the idea of stigmatization of the artist and anthro-psychiatry formulated by Paul-Michel Foucault. For the latter any mental disorder is a source of disease and suffering rather than an incomprehensible manifestation of talent. Thus, as Leonhard has it, an outstanding artist creates in spite of, rather than because of, mental illness. Insight into the essence of a writer's disorder is not there to offer satisfaction to public curiosity but the possibility of a deeper penetration into the artist's world and world of his creations. Such approach may as well be seen as a crossroad where German and Russian psychiatric schools met: long before Leonhard's works were

published, our outstanding compatriot P.B. Gannushkin, who possessed himself an extraordinary literary gift, anticipated what Leonhard later described in his works:

The main aim of both studying and teaching psychiatry should be to teach young doctors to be psychiatrists and psychopathologists not only in the hospitals and in the clinics, but primarily in life, that is, to treat so-called healthy, so-called normal people with the same understanding, with the same gentleness, with the same thoughtfulness, and with the same directness as they treat the mentally unhealthy; the difference between those and others, if we bear in mind the boundaries between health and disease, is not so great [Gannushkin, 2018, p. 42].

Agreement between the ideas of the German and Russian schools is far from coincidental since they share a common methodological approach originating in Germany at the end of the 19th century. This is generally referred to as nosology: a genuine cure is possible if the causes and mechanisms of the origin of the disease have been thoroughly studied (the work of E. Kraepelin, C. Wernicke, S. S. Korsakov, V. P. Serbsky).¹ Such approach was not alien to Leonhard who greatly contributed to the study of the most serious mental illnesses — endogenous (i.e. not attributable to any external or environmental factor) that included schizophrenia, manic-depressive psychosis, and — up to a certain time — epilepsy. As we know, K. Jaspers in the above mentioned work concluded that the the mental suffering Strindberg was exposed to had a schizophrenic character. Leonhard, following E. Bleuler who dealt with the “schizophrenias”, believed that this approach was not sufficiently differentiated as schizophrenia inevitably leads to a personal defect with dementia and emotional dullness (such patients are well described by A. Chekhov in *Chamber № 6*). Furthermore, in the 1950s he, relying on his considerable clinical experience, developed a detailed classification of the endogenous psychoses [Leonhard, 2003]. Although the classification proposed by Leonhard is rather cumbersome and is not used in modern diagnostic methods, contemporary neurophysiology has nevertheless confirmed his ideas: the psychoses he differentiated have different localizations in the brain; i.e. they have different causes and

¹ This approach is successfully countered by the syndromological approach adopted in the French and then in the American tradition and aimed at relieving the patient from a particular painful manifestation, regardless of its etiology, since modern drugs effectively relieve the patient from the specific syndromes regardless of their causes.

consequently a different disease course and outcome. Thus, if we delve into how Leonhard puts forward his arguments and how he thinks, we will get a better and more accurate understanding of Strindberg as a man and as a writer and look at his works and characters without vulgar simplifications.

Leonhard, while delving into the works and life of Strindberg, first seeks an answer to the question of whether there are sufficient grounds for considering Strindberg a healthy person at all. This comes in response to a series of studies that took issue with Jaspers' opinion and argued that psychiatry had made an effort to turn the Swedish writer into some pathological case. They expressed the hope that attempts to draw a portrait of Strindberg as a victim of schizophrenia had finally become a thing of the past. Leonhard gives a negative answer to this question by analyzing in detail an approach adopted by O. Lagerkrantz who saw in Strindberg's correspondence the desire to impress his contemporaries, that is a kind of histrionicism. The main objection to the "destigmatization" of the writer is that the mental disorders that Strindberg portrays in his autobiographical prose are strange to a healthy person and could not be acquired from any other sources: for such a plastic and dynamic depiction of the delirious psychotic experiences you should have a rich clinical experience, which Strindberg, as his biography relates, did not have. Thus, we have to admit that he suffered from the periodic massive psychotic experiences. However this in itself does not argue in favor of Jaspers' opinion that the the Swedish author was schizophrenic.

Leonhard also focuses on alcoholism as a factor of Strindberg's ill health and believes that there is not sufficient exogenous evidence for such a disease. Undoubtedly in this context a series of the writer's experiences resemble alcoholic hallucination, and he consequently arrives at a poor judgement of what is happening around him. We therefore can assume that he had both ideas of relations and a betrayal of his senses that took on the character of delusion. In fact, it turns out that there is no serious reason to assume alcoholic psychosis since Strindberg's disease had a bipolar course with phases of excitement and depression following one after the other. Nevertheless, it is impossible to deny the role of alcohol: it adds additional overtones to the disease, lowering the level of consciousness and, consequently, increasing predisposition for oneiric experiences. As a result, the images acquire additional sensual

brightness and distinctness and some of the ideas of endogenous psychosis can acquire the character of illusions.

The main objection of Leonhard against the hypothesis of the schizophrenic nature of Strindberg's disease is the absence of a specific defect that worsens the disease progresses: either continuously in malignant transformation or irregularly with each new attack, despite the fact that the writer experienced several psychotic phases. Leonhard admits that Jaspers' attempts to show traces of the decline of personality are unconvincing, since Jaspers mostly relied on evidence from Strindberg's evidence rather than on Strindberg's works and autobiographical materials. Over time, he began to live in solitude, away from society, which he relates in his autobiographical novel *Days of Loneliness*. Yet this work shows, as Leonhard puts it, that he did not suffer from schizophrenia, since we do not see a flattened affectivity and a strong-willed defect of a schizophrenic. Quite on the contrary, we see the world of a highly sensitive person. In addition, in this novel Strindberg feels and experiences emotions and sensations in a more delicate and more thoughtful way than in his previous works.

In *Days of Loneliness*, Leonhard discovers Strindberg's memories of a mental illness and notes that the illness is perceived as something that has passed, although threatening to return. His neighbors are going home, he stays and fills the loneliness with his fantasies: "The habit of melting everything that has been experienced in poetry gives way to abundant impressions and replaces communication" [Strindberg, 1986, p. 246]. At the same time, he needs to be constantly on guard and listen to himself, so that loneliness does not seize him and throw back into the depths of insanity:

Even the dog that awakened me during the night and caused me either to mediate or to fly into a healthy rage, has left an emptiness. The songstress has left a silence after her, and I no longer hear any Beethoven. The telephone in the wall does not sing any more, and when I walk up or down the stairs my steps give an echo throughout the empty floors. It is holiday quiet all through the week, but in its place I hear a ringing in my ears. My very thoughts give me the sensation of being spoken aloud; I feel as if I were in telepathic contact with all absent friends, relatives and enemies; I engage in prolonged, orderly conversation with them, or recapitulate past discussions that at different times had arisen when we were visiting, or sitting in a café; I argue with them in their settled opinions, I give an account of my perspective — and more eloquently than I do with those who actually hear me [Strindberg, 1971, p. 60].

There are echoes of the themes of reference that Strindberg suffered from when experiencing a psychotic attack; but he rises above them and they only mingle with the voice of his writer's fantasies when he talks about a telepathic connection. Even if it seems to him that he can hear his thoughts, it should be regarded as a manifestation of his fantasies embodying reality in images, since he did not hear his thoughts even at the height of his psychotic experiences. After experiencing psychosis, Strindberg began to feel more keenly and consequently searched after solitude. In the case of a schizophrenic, the disease manifests itself in a diametrically opposite way: the flattening of affect and reducing of the amplitude of emotional life. Moreover, the last pages of *Days of Loneliness* betray the emotional richness of his inner world, where he describes, looking out of the window, a young woman with a child, her sister's nephew, in the apartment opposite, with the groom who was once his friend and who now has left him alone with his loneliness. At the same time, Leonhard insists that loneliness does not have anything to do with autism, the psychological essence of which remains unclear: Strindberg moved away from the harsh bustle of everyday life and preferred loneliness for the writing that he regarded as the highest value. Thus the German psychiatrist is convinced that Strindberg was an introvert both in how he thinks and feels and communicates with the outside world, though we have no evidence that he was actually autistic. Moreover, objectively, Strindberg's loneliness was by no means absolute, if one is to rely only on Jaspers' texts and the writer's own novel. Leonhard refers to the testimony of C. Hedenberg, who noted that, although Strindberg was living in solitude, he communicated with the literary world in a number of ways [Leonhard, 1988, S. 100].

Thus, we have no evidence to prove a diagnosis schizophrenia and the echoes of his psychotic experiences need additional explanations. This is why Leonhard refers to the analysis of Strindberg's previous works and earlier biography as being those of the time when *Days of Loneliness* were published, and then those several years later from the time when he experienced the acute psychosis described in *Hell*, another autobiographical book.

The acute psychotic stage of Strindberg's disease is primarily associated with the delusional ideas of a particular significance and attitude. Leonhard therefore understands Jaspers' hypothesis about the progressive nature of the writer's sufferings that are of the schizophrenic, para-

phrenic or paranoid nature. However, Leonhard prefers to talk about the psychosis of confusion that is a special subset of cycloid psychosis, the inhibited pole of which corresponds to all the symptoms that are typical to schizophrenia. A state of near-unconsciousness or insensibility as schizophrenia affects thinking to the extent that patients think so slowly as to almost reaching the state of stupor, they are unable to interact with the external world. They perceive everything as something unusual and unsuccessfully try to find the meaning and essence of the events around them. These ideas of meanings, as a rule, gives rise to ideas of reference: the incomprehensible becomes more sinister, patients perceive that something is happening, the meaning of which is deliberately being hidden from them and they feel threatened. Due to attenuated thinking they become helpless and can develop fear and anxiety as a result while the disease itself induces an affect of fear. As a result, there is an accumulation of ideas of reference that eventually replace ideas of particular significance. In some cases, the psychosis of confusion in its inhibited phase is associated with almost total silence (mutism). The movements of such patients remain intact, but the inhibition of thinking entails a general volitional reduction in the type of hypobulia. Unfortunately, Strindberg does not say anything about whether he was experiencing a state of inhibition during the psychotic period, but a number of passages in his works provide evidence to answer this question positively (see *Hell, Jacob Wrestling*).

Silence is partly compensated by the periods of logorrhoea when the patient has a tendency to extreme loquacity, with the predominant associations of consonance or contrast (see a series of passages in *Jacob Wrestling*, in particular, an episode with a speech addressed to cats). Logorrhoea is a symptom of another pole of psychosis of confusion. Unfortunately, most psychiatrists take the incoherence of thinking behind the thematic incoherence of speech of such patients to be a symptom of schizophrenia. Leonhard does not share this view: in schizophrenia confusion of thinking is associated with disintegration and slippage. Strindberg himself does not say anything about whether his logorrhoea was accompanied by incoherence, yet the traces of incoherent thinking, as Leonhard shows, can be found in Strindberg's works.

The next important symptom of confusion psychosis in the phase of excitation is a violation of the identification of other people, when the patients "recognize" relatives and acquaintances in people around

them. Such violations of identification are far from being of an absurd character that is characteristic of schizophrenics who, for example, see in the physician a long-deceased historical personality. In the confusion psychosis, identification errors still remain within the possible, the examples of such errors can be found in Strindberg's works, they are symptomatic of the psychosis of confusion in the phase of excitation, just as the ideas of reference and particular significance are characteristic of the inhibited form.²

In *An Occult Diary*, we learn that Strindberg believed in telepathy and thereby explained a series of events. In the belief in telepathy, there is nothing pathological, especially since it is quite typical of the cultural context in which the writer lived, but eventually his belief in telepathy got woven into painful experiences that pass over into the psychotic register: after Harriet Boss finally parted with Strindberg and married another person, he began to believe that Harriet visited him via telepathy on an almost daily basis. He felt she was as well attuned to him in at times a friendly, at times a hostile, at times sensual and emotional way. Often she is surrounded by the aroma of roses. He tries to push her away, but then embraces her and spends several happy hours with her. What he experiences is, according to his convictions, consistent with what she feels at a distance of many kilometers. The erotic-sensual character of these experiences tells about the acute experience of parting, which is understandable psychologically, and about the presence of persistent ideas of reference that are characteristic of the psychosis of confusion, a circumstance that is important for understanding Strindberg's illness.

Cycloid psychoses, unlike schizophrenia, are associated with the critical attitude of patients to their own psychotic experiences when they get out of the psychotic phase. Strindberg was quite critical with regard to his painful experiences, even within phases. Often he said he was close to delirium, he himself sought out doctors. Blaming others for wanting to send him to an asylum, he wonders if he were really mad. Concerning the aspect of full criticism when leaving the psychotic phase, it is not always possible to give an unambiguous answer (for example, in the *Hell* the narration is constructed in such a way as if the

² It should be noted that the psychosis of confusion, described by Leonhard, can proceed as unipolar, that is only with excitation phases or only with the phases of inhibition, and bipolar when both phases are present. Strindberg's disease had, as we see, a bipolar nature.

prosecution took place in real life). Yet we should exercise some critical caution here as some things which might prove of clinical interest to the psychiatrist would rather be explained not by the objective state of the writer himself, but by the plot and aesthetic components.

The attempts to study a person from the point of view of literature criticism, as demonstrated by Karl Leonhard in his work *Bedeutende Persönlichkeiten in ihren psychischen Krankheiten*, follow a tradition known in the German-speaking world since at least the 18th century.

In this respect, *Magazin zur Erfahrungsseelenkunde* (1783–1793), published by Karl Philipp Moritz (1756–1793) is a significant step in psychiatry: it tells about forensic experts, anthropologists, psychiatrists, teachers and writers who balance on the verge of psychiatry. Moritz was able to compile a comprehensive compendium of mental illnesses and, at the same time, pave the way to the psychologization of literature.

If we take a look at Strindberg's texts in question, which show individual interpretative patterns, it becomes evident that knowledge of and about a person can be conveyed through literature. Strindberg's works are of mimetic character as he adds an aesthetic component to the description of his psychic sufferings. It is of interest to the researchers who study biographies in pedagogy and refers to the self-observation techniques aimed at understanding the human beings which were previously highlighted by Moritz. Leonhard also points out their relevance and value for the routine clinical work in his autobiographical retrospective (cf. [Leonhard, 1995, S. 48]).

Psychiatry as a subdomain of medicine is a relatively young science and therefore is subject to fluctuations driven by social changes. Its links with anthropology make it closely intertwined with the so-called “ego documents”, which has not always been appreciated in the scientific community. With his approach, Karl Leonhard strengthens the importance of anthropology as an interdisciplinary research area focused on the human beings in all its diverse manifestations, with psychotic manifestations being of particular interest to Leonhard.

This could be interpreted as an attempt to recognize mental illnesses and psychiatric disorders as something inherent to humans or the society, rather an external concept. Using literature as a medium and extending the research beyond the autobiographies, Leonhard demonstrates his ever-present endeavor to include the anthropological component

for the benefit of the ill people, supported by the tradition of the literature-oriented study of a person, which has been briefly outlined above.

A systematic study of Karl Leonhard's autobiography in the humanistic and hermeneutic tradition is yet to be done and may potentially uncover how Karl Leonhard himself brought meaning into his life.

Our insight into how Leonhard regards Strindberg and his works allows us to conclude that the versatility of the concept of the German psychiatrist, unlike the works dealing with only two types of endogenous psychoses or following the traditions of a syndromological school [Rothenberg A., 1990], helps us penetrate deeper into the life and work of the Swedish writer. Therefore, the authors of this paper hope that the full text of Leonhard's essay on Strindberg will be published in Russia in the nearest future that will be of interest to scholars [Golovacheva, Solovyeva, 2018, p. 219–239; Lisovskaya, 2016, p. 92–101; Lyzhina, 2012, p. 122–129] and a wider audience.

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ПИСАТЕЛЬ АВГУСТ СТРИНДБЕРГ ГЛАЗАМИ ПСИХИАТРА КАРЛА ЛЕОНГАРДА: НЕМЕЦКО-ШВЕДСКИЙ ДИАЛОГ КУЛЬТУР

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Представлена попытка свести воедино подходы в рамках антропологии, литературоведения и психиатрии с целью изучения рецепции личности и творчества Августа Стриндберга (1849–1912) в последней работе известного немецкого психиатра Карла Леонгарда (1904–1988), автора хорошо известной российскому читателю книги «Акцентуированные личности». Его взгляды и оценки представлены как результат диалога шведской и немецкой культур и вписаны в историю медицинской мысли эпохи и патографического литературоведения. Исследователь внес значительный вклад в изучение и описание клинических проявлений эндогенного психоза. Так, Леонгард дал описание имеющего большое значение для развития психиатрической мысли синдрома Стриндберга: он утверждал, что у Стриндберга ошибочно диагностировали шизофрению, тогда как на самом деле он страдал от циклоидного психоза. Доказательный метод, к которому прибегал Леонгард, отчасти основывается на традиции литературной антропологии и близок к традициям русской гуманистической психиатрии. Однако его труд подвергался критике: на первый взгляд германский исследователь не проводит границ между миром персонажа художественного произведения и миром его автора. В связи с этим статья также представляет собой попытку преодолеть этот

нимый методологический просчет: показано, что ряд психотических переживаний, представленных в произведениях Стриндберга в динамике, недоступен для описания с такой точностью и пластичностью при отсутствии у автора собственного опыта болезни и ее преодоления. На примере произведений Стриндберга «Одинокий», «Ад» и «Оккультный дневник» авторы статьи воспроизводят картину симптомов психического заболевания, подчеркивая значение тщательно продуманной классификации эндогенных психозов Леонгарда и акцентируя внимание на своеобразии стиля повествования шведского писателя, который анализируется с позиций клинической психологии. В заключение авторы анонсируют издание полного текста очерка Леонгарда в русском переводе с литературоведческими и медицинскими комментариями.

Ключевые слова: Август Стриндберг, Карл Леонгард, патографическое литературоведение, эндогенный психоз, психоз спутанности, российская и германская школы психиатрии, нозологический подход, синдромологический подход, философская антропология, литературная антропология, шведская литература в Германии.

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